

# End of life care surveys – 2023

In 2023 GSF conducted 2 surveys. One with GSF accredited teams (506 organisations sent the survey) and one with the general public (1000 participants were surveyed). Both surveys focused on end-of-life care (final year of life) public awareness and the benefits of an educated end of life care workforce improving the experience and quality of care for our ageing population.

## Survey 1

**GSF Accredited Organisations - 105 responses received from the 506 organisations that were sent the survey.** The respondents are broken down into the various organisations Primary care (3), hospitals (7), care homes (85), domiciliary care agencies (4) and retirement villages (6).

The following questions 1-10 formed the survey:

1. Use of GSF improved the experience of care for people and their families
2. Use of GSF has improved the morale and teamwork for your staff.
3. Use of GSF has had a positive impact on staff wellbeing.
4. Use of GSF has had a positive impact on job satisfaction.
5. Use of GSF has had a positive impact on personalising the care you provide through advance care planning.
6. Use of GSF has reduced your hospital emergency admissions.
7. Use of GSF has reduced your hospital death rate.
8. Can you share any thoughts or examples of how GSF has impacted on the end-of-life care you provide?
9. Can you give any figures for reduced emergency hospital admissions, deaths or days in hospital?
10. Can you elaborate on how GSF has impacted on staff morale, job satisfaction or staff retention?

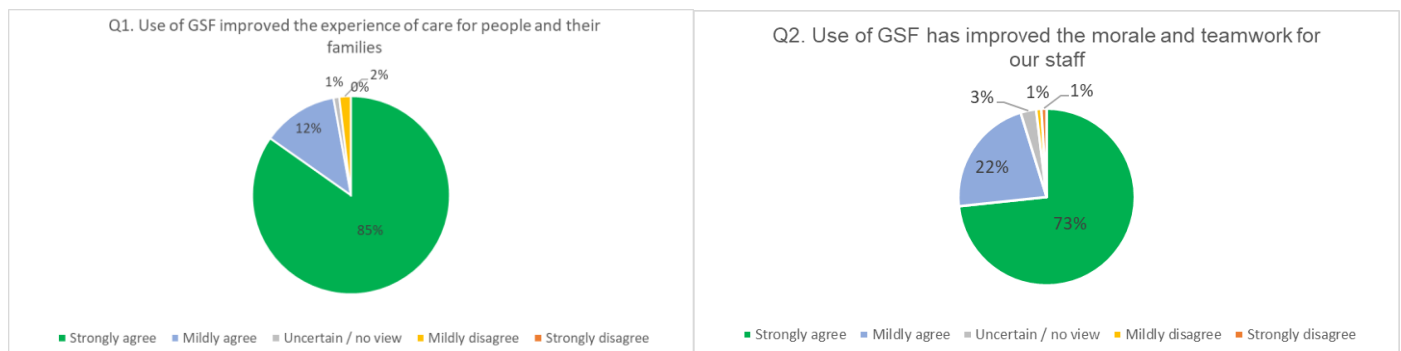
The responses were rated on a scale of strongly agree to strongly disagree and converted to overall percentages:

- Strongly agree,
- Mildly agree,
- Uncertain / no view,
- Mildly disagree,
- Strongly disagree,

The following graphs were produced from the survey results from questions 1-7:

**1. Use of GSF improved the experience of care for your residents and their families – 85% strongly agree**

**2. Use of GSF has improved the morale and teamwork for your staff – 73% strongly agree**



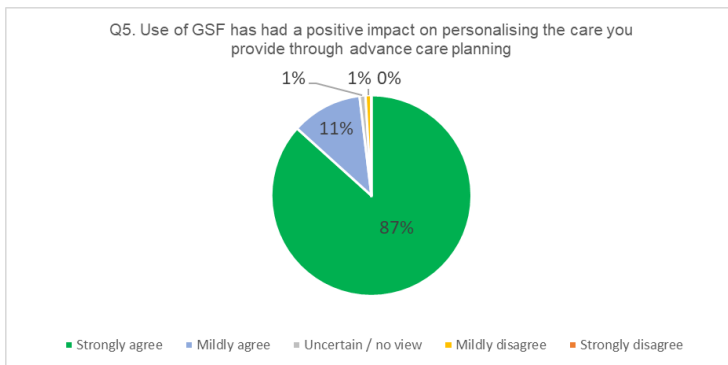
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**3. Use of GSF has had a positive impact on staff wellbeing – 67% strongly agree**

**4. Use of GSF has had a positive impact on job satisfaction – 74% strongly agree**



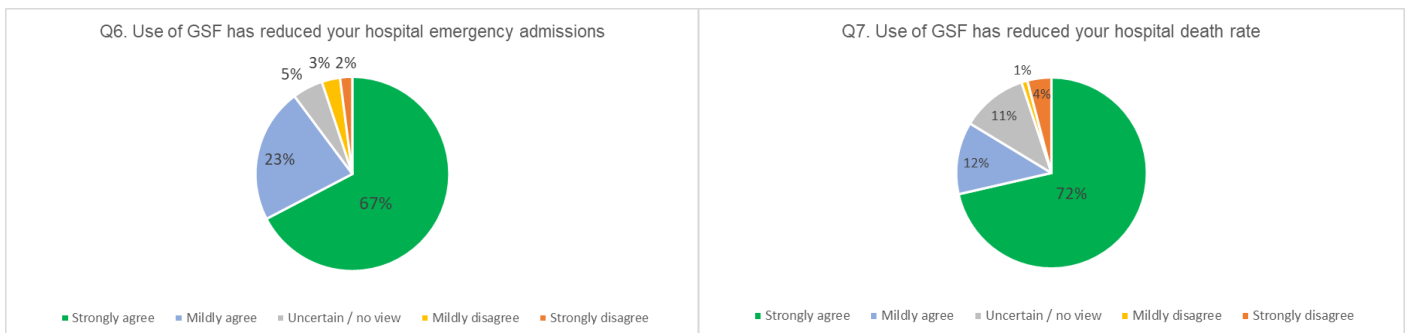
**5. Use of GSF has had a positive impact on personalising the care you provide through advance care planning - 87% strongly agree**



**The following responses does not include the hospital data (questions 6-7)**

**6. Use of GSF has reduced your hospital emergency admissions. - 67% strongly agree**

**7. Use of GSF has reduced your hospital death rate. – 72% strongly agree**



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**As part of the survey there were 3 questions that provided qualitative feedback from the various organisations**  
**A selection of quotes from each organisation has been selected in response to questions 8-10.**

### 8. Can you share any thoughts or examples of how GSF has impacted on the end-of-life care you provide?

*“Staff see the impact of systematic care. Being proactive and not reactive in a busy hospital is a huge culture shift but very much welcomed. Nurses especially recognise early on patients who are dying and feel empowered to be advocates for their patients within the MDT”* **Hospital**

*“GSF has given us the confidence and the skills to deliver the best EOL care to residents and our families.”* **Care home**

*“Knowing an individual’s wishes enables us to meet their needs, even when they are no longer able to express them. It has empowered us when having conversations with other health care professionals. We have begun using some of the clinical tools, such as the Abbey Pain Scale, and the Clinical Frailty Scores, which helps us to communicate in a more efficient and professional way with other health care professionals. This results in better outcomes for people we support and their families.”* **Domiciliary care provider**

*“It’s great to have a more structured and evidence-based approach to supporting our frailer patients”* **primary care.**

*It has made staff more focused. More in line with residents’ individual choice as in no wish is off limits an example of this is mouth care with alcohol if desired. Communication with residents and significant others more streamlined and open.* **Retirement village**

### 9. Can you give any figures for reduced emergency hospital admissions, deaths or days in hospital?

*“Having these discussions & identifying patients who are at risk of deteriorating or who are deteriorating, means we can give them the care that is appropriate for them. This would result in appropriate emergency hospital admissions only.”* **Hospitals**

*“We have had six deaths so far this year and all six deaths happened in the home. We were able to get their preferences documented. Through coding changes, there was early detection of deterioration in needs and the home was able to prepare, involving the individual, preferred family and MDT to ensure a respectful pain free death in the place of their choice.”* **Care home**

*“We have been able to reduce hospital admissions by 62% over the last 3 years”* **care home.**

*“More than 75% of our deaths occurred outside of hospital”* **primary care.**

*“We have had no End of Life admitted to hospital as they have chosen to live their final days with us, and we have had people discharged from hospital to end their final days at their request.”* **Retirement village**

*“40%”* **Domiciliary care**

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*“Only 2 unplanned hospital admissions since January 23 - one returned home to die according to their wishes and the other died the next day in hospital although she had expressed no particular wish to die at home, had 'given up' - having lost her beloved husband she had no desire to live and no fear of death”* **Domiciliary care.**

### **10. Can you elaborate on how GSF has impacted on staff morale, job satisfaction or staff retention?**

*“We introduce all new students to GSF and the positive impact it has for patients and in turn this sparks an interest in some of our students for End-of-life care.”* **Hospital**

*“Staff are more confident in dealing with death and dying matters. They have more job satisfaction in knowing they aided someone to live well and also die well. Staff retention has improved tremendously.”* **Care home**

*“Staff feel more confident at work, are more able to engage with families and community nursing teams and feel more respected by them. Community Nurses seeking out local managers to gauge capacity which makes the staff feel valued and very much part of a 'specialist' care team.”* **Domiciliary care**

*“Staff have a greater understanding of death and what to expect, they have new confidence in discussing this with residents and their significant others from ACP to after death. Greater understanding of what to do and when, general feel is residents have a good death from following GSF.”* **Retirement Village**

*“All practice staff felt that being able to combine efforts on an area of work that truly has a positive impact gave immense job satisfaction in a line of work that is constantly under scrutiny and increasingly challenging.”* **Primary care**

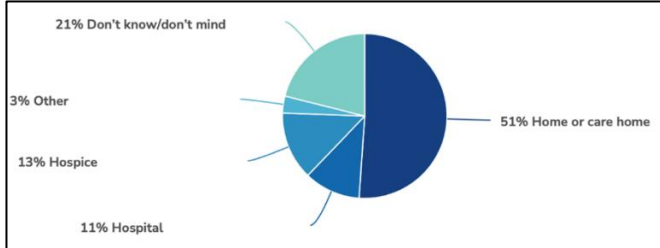
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## Survey 2

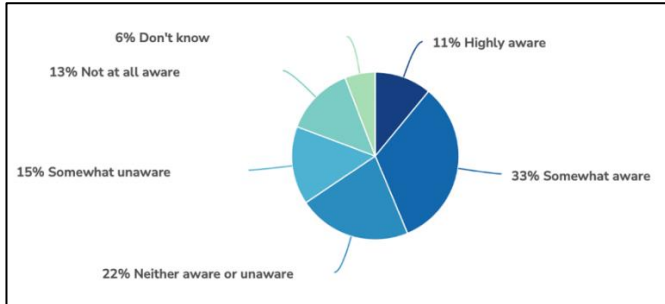
### Public survey 2023 (1000 participants)

The following set of slides are from a general public survey where 1000 participants were asked the following 4 questions in relation to end of life care.

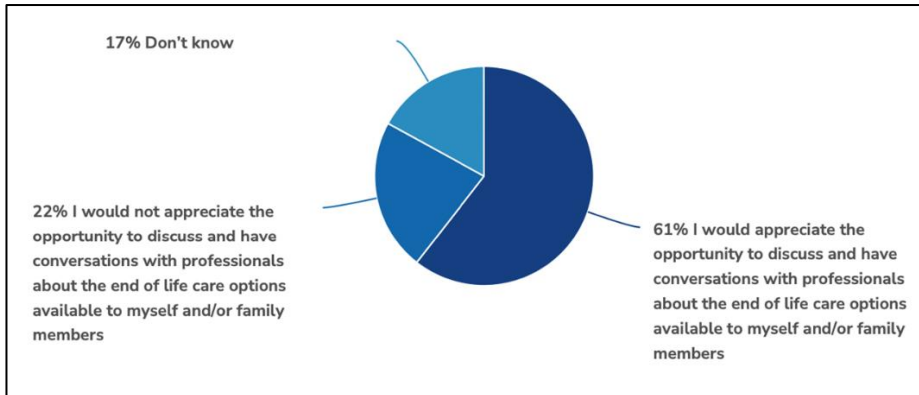
#### 1. If you were able to choose, where would you prefer to die?



#### 2. To what extent, if at all, are you aware of the care and support available to you when nearing the end of your life?



#### 3. Which of the following statements is closest to your view?



#### 4. Which of the following statements is closest to your view?

